AmeriHealth Caritas Next | FirstChoice Next A Product of Select Health of South Carolina, Inc.

Provider Alerts

Important information for our providers

October 28, 2026

Prior Authorization Changes for Select CPT/HCPCS Codes

The following changes to Prior Authorization requirements will take effect on February 1, 2027:

Title	Codes	Change	Effective date
Mol Gen Rare Disease Codes Genome	81425, 81426, 81427	Require prior authorization	02/01/2027
81415 and 81416 Exome	81415, 81416	Require prior authorization	02/01/2027

Changes to prior authorization requirements and medical necessity review for these services are part of AmeriHealth Caritas Nex/First Choice Next continued dedication to supporting providers in our shared commitment to high-quality health care for our members.

As a reminder, when you do need to verify whether a service requires prior authorization, use the Prior Authorization Lookup Tool on the provider website at: www.amerihealthcaritas.com > Pick Your State > For Providers > Prior Authorizations.

Questions:
Thank you for your participation in our network and your continued commitment to the care of our members. If you have questions about this communication, please contact your Provider Network Account Executive or Provider Services.

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